Application for Employment

Park and Recreation Department

Town of Darien 2 Renshaw Road Darien, CT 06820

We consider applicants for all positions without regard to race, color, religion, creed, sex, ancestry or national origin, age, physical or mental handicaps, marital or veteran status, sexual orientation, or any other legally protected status.

		(PLEASE PRINT)			
Last Name	First Name		Middle Name		
Address Number	Street	City		State	Zip Code
Telephone number(s)	r(s) Social Security Number			mber	
Please check the position(s) you are applying for:				
□Lifeguard	☐ Attendant (co	urts/gate)	☐ Seasonal l	Maintenance	☐ Clerical
□Full-	time maintenance	□Administrat	ive	□Instruc	tional
Are you at least 16 years of	fage? Yes□ No				
When are you available for	or work?	_			
Until what date? (Applies	to seasonal applicants of	only)		·	
Have you ever been emplo	•	□Yes	□No		
May we contact your present Refusal to	ent employer? permit contact of present	□Yes employer may be caus	□No e for rejection	of application.	
Are you eligible to be law <i>Proof of ci</i>	fully employed in this c		□No upon employm	ent.	
Are you available to work	: □Full time	□Part time	□Temp	orary	
References Give name, address and te 1	-		e not related to	you and are not	previous employers.
2					

Employment Experience

1.		
Employer	Dates Employed	Work Performed
Address		
Telephone Number(s)		
Job Title		Supervisor
Reason for leaving		
Reason for leaving		
2.		
Employer	Dates Employed	Work Performed
Address		
Address		
Telephone Number(s)		
Telephone Telephone		
Job Title		Supervisor
Reason for leaving		
U.S. Military or Naval Service	□Yes	□No
Present membership in National Guard	□Yes	□No
Education		
Name and Address of Sc	chool Course of Study	Years Completed Degree/Diploma
Elementary School		
High School		
College		
Other		

Additional Information Other Qualifications Summarize special job-related skills and qualifications acquired from employment or other experience. **Specialized Equipment Operational Skills Production/Mobile Machinery (list):** Office: PC□ Fax□ Calculator□ Spread Sheets□ Typewriter□ Word Perfect□ Lifeguard Applicants: Please check the following certifications in your possession and list dates of expiration: **Institution: Date of Expiration:** Life guarding Standard First Aid CPR for the Professional Rescuer □ American Heart CPR Other _____ Other Note to Applicants: DO NOT ANSWER THIS QUESTION UNLESS YOU HAVE BEEN INFORMED ABOUT THE REQUIREMENTS OF THE JOB FOR WHICH YOU ARE APPLYING Do you have the full physical, mental, emotional, and medical ability to do the job for which you have applied? If not, please explain. Also, if you need a reasonable accommodation to do the job for which you have applied, please explain. FOR DEPARTMENT USE ONLY Arrange interview Yes□ No□ Remarks: Employed: Yes \square No \square Date of Employment:_____ Job Title: _____ Hourly rate/Salary:_____ Department:

By: _____

EMPLOYEE CERTIFICATIONS AND AGREEMENTS

I understand that a positive and properly confirmed drug test for controlled substances or refusal to submit to a drug test is grounds for denial and if a properly confirmed pre-employment drug test is reported after I have begun employment, it may be grounds for termination of any employment for just cause under the terms of any applicable collective bargaining agreement.

I authorize representatives of the Town of Darien to obtain pertinent information from my previous employers, references, and other persons with knowledge of my work history and background. I authorize my pervious employers, references, and persons with knowledge of my work history and background to provide pertinent information to and hereby release all such persons and waive any and all claims, demands or causes of action whatsoever, in connection with the request for and release of information.

I certify that the information on this job application is true and complete to the best of my knowledge. I understand that any willful omissions or falsifications will be reason for withdrawal of a job offer if the omission or falsehood is discovered before I begin employment, and if discovered after I have begun employment, it may be grounds for termination of my employment for just cause under the terms of any applicable bargaining agreement. I authorize any investigation into the statements I have made in this application as necessary to arrive at an employment decision.

All employees of the Town of Darien have the right to resign from their jobs at any time, or for any reason or for no reason at all, with or without advance notice. The Town of Darien retains the same right with respect to termination of any employee's employment. No department head, supervisor or other individual of the Town of Darien has authority to make a commitment of guaranteed or continuing employment to you, and no document or publication of the Town of Darien should be interpreted to make such a guarantee. NOTHING STATED BY THE TOWN OF DARIEN, IN WRITING OR ORALLY, DURING THE INTERVIEW AND/OR HIRING PROCESS IS TO BE CONSTRUED AS CREATING A CONTRACT BETWEEN THE APPLICANT AND THE TOWN OF DARIEN.

I have read, understand and agree to the foregoing.		
Signature of Applicant	Date	